

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leonardtown</i>		Town		<i>St Marys</i>		County		MARYLAND	
Date of death <i>1908 Aug</i>		Month		Day <i>19</i>		Years <i>5-6</i>		Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>St Marys Co</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Quinn</i>							
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>							
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>							
Name of person giving information <i>Sally Quinn</i>		How related to deceased <i>Son</i>							

## CAUSES OF DEATH

How long *5 weeks*

How long *Two hours*

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever*

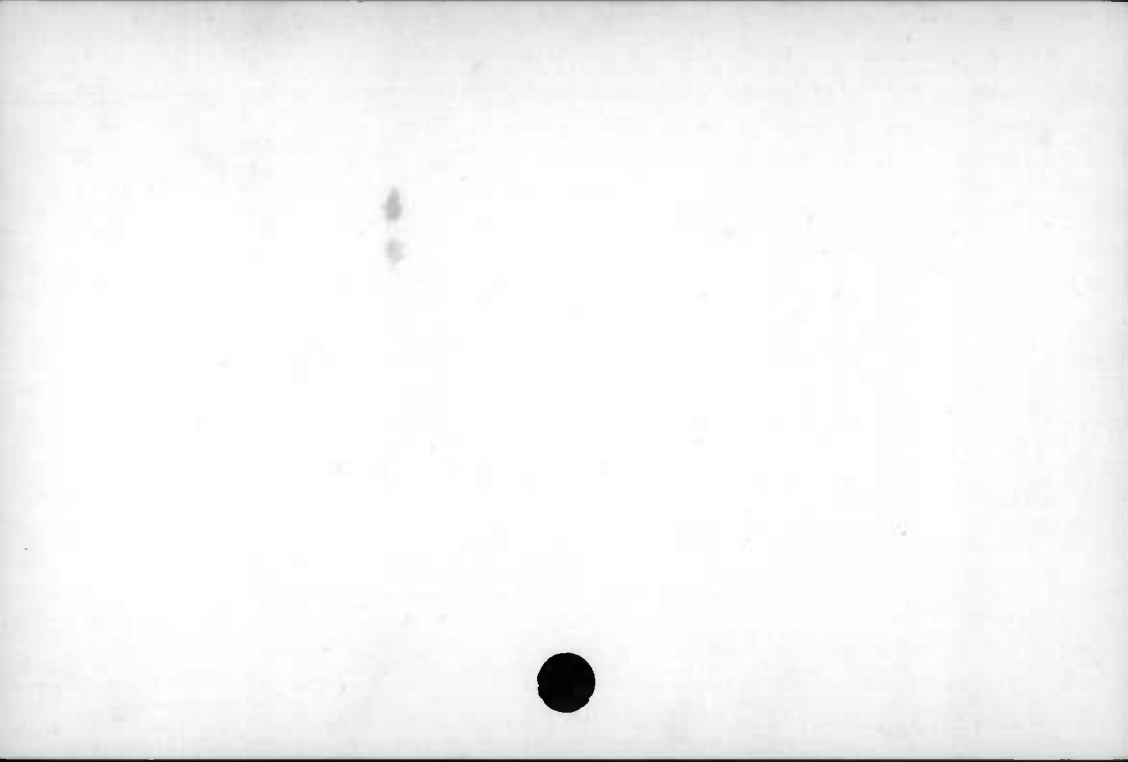
Immediate *Removal of blood*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of  
Physician

Address

Accident or Suicide?



Name  
In  
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CERTIFICATE OF DEATH

*Rosa S. Guy*

Town *Clements* County *St Marys* MARYLAND

Died at *Clements*

Date of death *1908 Aug 16* Age *52* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *St Marys W*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Francis E. Guy*

Father's Name *George S. Mattingly* Father's Birthplace *St Marys W*

Mother's Maiden Name *Ann E. Mattingly* Mother's Birthplace *" " "*

Name of person giving information *Walter Guy* How related to deceased *Son*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

**104**

Primary *Acute Indigestion* How long *12 hours*

Immediate *Apoplexy* How long *1 " "*

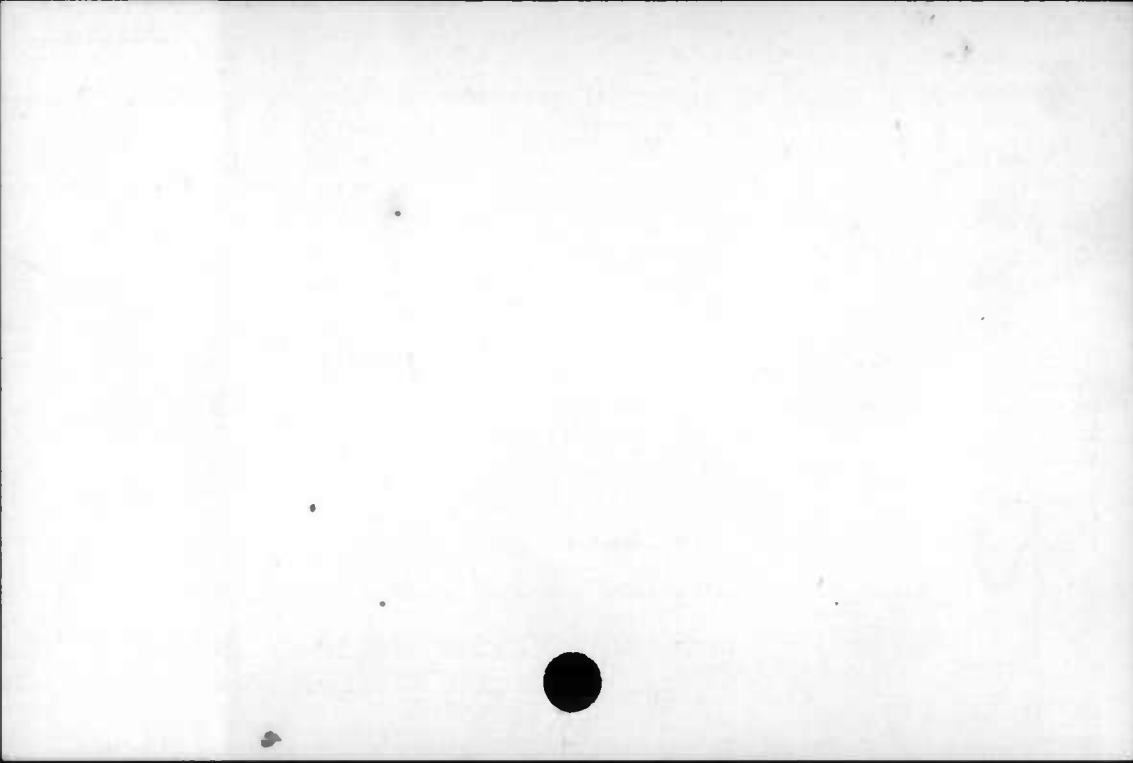
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Greenwell*

Address *Leonardtown Md*

Accident or Suicide? *—*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leopards Town</i>		County <i>St Marys</i>		MARYLAND			
Date of death	1908	Month <i>Aug</i>	Day <i>19</i>	Age <i>84</i>	Years <i>84</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St Marys</i>				
Occupation <i>Mechanic</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Raley</i>						
Father's Name <i>—</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Servant</i>	How related to deceased <i>—</i>						

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>—</i>
Immediate <i>apoplexy</i>	How long <i>48 hours</i>
Are the name, age, sex, color, race and place correctly given above? <i>yes</i>	Signature of Physician <i>R H Greenwell</i>
	Address <i>Leopards Town</i>
Accident or Suicide?	

